REQUEST FOR PURCHASE ORDER or CHECK

Financial Manager: Please Issue ❑ Purchase Order ❑ Check Date: _____

Name _____ Address _____

P.O. or Check to be: ❑ Delivered by Requestor
❑ Mailed by Financial Manager

City _____ State _____ Zip _____

For items listed below,
charge to the account of: _____ Deliver merchandise at _____

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT	
	If the Above Items Are NOT FOR RESALE, Add SALES TAX	Sub-Total		
		Sales Tax		
		TOTAL AMOUNT		

STATE LAW now requires **THREE Approval Signatures** as indicated below. **No Purchase Order or Check can be issued unless the request is properly approved.**

Purchase Order No. _____ Approved by _____
Departmental Chairman or Faculty Club Sponsor

Check No. _____ Approved by _____
Student Body Elected Officer

Requested by _____ Approved by _____
Student or Teacher Principal or Vice Principal